

C.L. "BUTCH" OTTER- Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

March 13, 2007

Ken Madsen, Administrator Fairwinds - Sandcreek 3310 Valencia Dr Idaho Falls, ID 83404

License #: RC-661

Dear Mr. Madsen:

On January 10, 2007, a follow-up/revisit, state licensure survey was conducted at Fairwinds - Sandcreek. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

JKOOU MOLLY, 28U DEBBIE SHOLLEY, LSW Team Leader

Health Facility Surveyor

Residential Community Care Program

DS/slc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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February 2, 2007

CERTIFIED MAIL #: 7003 0500 0003 1967 0582

Ken Madsen, Administrator Fairwinds - Sandcreek 3310 Valencia Dr Idaho Falls, ID 83404

FILE COPY

Dear Mr. Madsen:

On **January 10, 2007**, a follow-up survey and a complaint investigation were conducted by our staff at Fairwinds - Sandcreek. As a result of the survey, core issue deficiencies were cited. Enclosed is a Statement of Deficiencies.

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **February 14, 2007,** and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Ken Madsen, Administrator February 2, 2007 Page 2 of 3

Due to the seriousness of this core issue and in accordance with IDAPA 16.03.22.900.04. the following enforcement actions are imposed:

- 1. The facility will correct the deficient area in accordance with the submitted Plan of Correction no later than February 24, 2007;
- 2. A licensed administrator consultant, with a background in residential care and/or long term care, will be obtained and paid for by the facility, and approved by the Department. This consultant may not also be employed by the facility as a regular employee. The consultant is to be allowed unlimited access to the facility and its systems for the provision of care to residents. The name of the consultant with the person's qualifications will be submitted to the Department for approval no later than February 9, 2007;
- 3. The Department approved consultant will submit a weekly written report to the Department commencing on <u>February 16, 2007</u> and every Friday thereafter. The reports will address progress on correcting the deficiencies on the Statements of Deficiencies and Non-Core Issues Punch Lists.
- 4. The facility will maintain, on an ongoing basis, the deficient area in a state of compliance in accordance with the submitted Plan of Correction;
- 5. A provisional license is issued which is to be prominently displayed in the facility. Upon receipt of this provisional license, <u>RETURN THE FULL LICENSE CURRENTLY HELD BY</u> THE FACILITY.
- 6. When the consultant and the administrator agree the facility is in full compliance, they will notify the Department and a follow-up survey will be conducted.
- 7. Fairwinds-Sandcreek shall be under the operation of a single, licensed administrator, who is serving as administrator of Fairwinds-Sandcreek only. The name and Residential Care Facility license number of the person serving as this administrator will be submitted to the department by February 19, 2007.

When the consultant and the administrator agree the facility is in full compliance, they will notify the Department and a follow-up survey will be conducted.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (February 14, 2007). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's

Ken Madsen, Administrator February 2, 2007 Page 3 of 3

request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after February 14, 2007, your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **February 10, 2007**.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Community Care Program

JS/slc

Enclosure



C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-033 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

February 2, 2007

Ken Madsen, Administrator Fairwinds - Sandcreek 3310 Valencia Dr Idaho Falls, ID 83404

Dear Mr. Madsen:

On January 10, 2007, a complaint investigation survey was conducted at Fairwinds - Sandcreek. The survey was conducted by Rebecca Winter, RN and Debra Sholley, LSW. This report outlines the findings of our investigation.

Complaint # ID00002259

Allegation #1: The facility is not assisting residents with medications as ordered by physicians.

Findings: Refer to the Summary Statement of Deficiencies

Conclusion: Substantiated. The facility failed to provide assistance and monitoring of

medications for 6 of 6 sampled residents reviewed. The facility was issued a deficiency at IDAPA 16.03.22.250 for inadequate care, for which the facility was

required to submit a plan of correction.

Allegation #2: The facility registered nurse was never available to the facility.

Findings: Based on interview it was determined the facility registered nurse was available to

the facility in person during the day Monday through Friday, and by cell phone at

other times.

On January 9, 2007 and January 10, 2007 six random residents stated the registered nurse was approachable and was available during the day if they had questions.

Ken Madsen, Administrator February 2, 2007 Page 2 of 2

On January 9, 2007 at 3:00 p.m. the administrator stated the facility nurse spent many hours at the facility, and generally worked Monday through Friday during the day.

On January 10, 2007 at 3:30 p.m. a caregiver stated the facility nurse was very accessible and available to the caregivers, and she could be reached on her cell phone if she was not in the facility. The caregiver stated further the nurse was very approachable with concerns or problems of any kind, and she was always pleasant, even when called at night.

Conclusion:

Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation conducted on January 10, 2007.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for <u>Residential Care or Assisted Living Facilities in Idaho</u>. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies. AND/OR Non-core issues were identified and included on the Punch List.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

REBECCA WINTER, RN

Team Leader

The for

Health Facility Surveyor

Residential Community Care Program

RW/slc

c:

Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

Section of the section of

ASSISTED LIVING Non-Core Issues Punch List

| Facility Name | Physical Address | Phone Number |
|---------------------|-------------------------|--------------|
| FairWinds-Sandcreck | 3310 Valencia Drive | 542-6200 |
| Administrator NA 4 | City | ZIP Code |
| Ren Madsen | I -tdaho talls | 83404 |
| Survey Team Leader | Survey Type | Survey Date |
| _ Rebecca Winter | Follow-up and Complaint | 10/07 |
| NON-CORE ISSUES | | O-1 |

| NON- | CORE ISSUI | ES / January / J | | | |
|-----------|---|--|------------------|------------|---------|
| ITEM # | RULE# 16.03.22 | DESCRIPTION | DATE RESOLVED | BFS USE | |
| 1. | 3/0,02 | Unused medications accumulated in the | | 15 (5) (5) | \ \.on |
| | | facility longer than 30 days residents # 140 |) o | 95.2 | 1,000 |
| 2. | 320,03 | The Administrator or designee did not | | | |
| | | sign USA updates Resident # 5. | | D.S. 24 | 14/07 |
| 3 | 711.09 | Resident vectords did not contain a current | * | | i |
| | | list of medications prescribed for the | | | |
| | | resident which was signed and dated | | | |
| | | by the physician or authorized providen | | 630929 | النبيال |
| | | for 5046 residents; Residents#1,3,4,5 | 2. | D.S. P | 1 14/07 |
| | | | ******* | | |
| | | se above 3 items are repeatitems | | | |
| | | from the survey conducted on 10/5/06. | | 15 (5 (15) | |
| | *************************************** | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Respons | se Required Date | Signature of Facility Representative | Date Signed | , | |
| 2- | 10-07 | Aue Waddell | | | |



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

| Facility Name | Physical Address | Phone Number |
|------------------------------------|------------------------|-----------------------|
| tain Winds-Sandereck | 33/0 Valencia Prive | 542-6200 |
| Administrator Len Madsen | Idaha Falls | ZIP Code 83404 |
| Survey Team Leader Rebeccol Winter | Follow-up and Complain | Survey Date //10 /0 7 |
| NONLCOPE ISSUES | | |

| NON- | CORE ISSUE | | 707 | |
|--------------|-------------------|--|------------------|-----------------------------|
| ITEM # | RULE# 16.03.22 | DESCRIPTION AND ADDRESS OF A STATE OF A STAT | DATE RESOLVED | BFS USE |
| tof. | 300,01 | The RU did not delegate assistance with | | BSAM |
| | | medications to 1072 staff assisting | | 15 (15) (2) (15) (2) (2) |
| | | with medications, | | |
| 5 | 640,0 | 1 of 2 Staff did not receive specializ | ed | B.S. 21 |
| | | training in the area of dementia: | | |
| 6 | 650,02 | The UAF did not include identificat | on/ | DS 214 |
| | | background in formation, medical diagnosis o | and a | |
| | | list of medications. | | |
| 7 | 711,04 | There was no documented evidence of the | | 9.5. Ar |
| | | resident had been intormed of the | | |
| | | consequences of refusing medications. Rua | <i>= 1,</i> | 5.505 |
| 8 | 711.11 | Not Pall medications not taken were | | BS. 3/14 |
| | | documented to include the reason for | <u>.</u> | |
| | | the ownssion. | | |
| 9 | 730.01 | | | 0.5.01 |
| | - Day Carl Day | criminal history clearance, | Bet O'es | |
| Respons Q | e Required Date | Signature of Facility Representative | Date Signed | |



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

| | | - | | |
|--|--------------------------------------|------------------|---|--|
| Fairwinds-Sandcreek | Physical Address 3310 Valencia Onive | Phone Number 54 | 2-6200 | |
| Fairwinds-Sandcreek Administrator Ken Madsen | I daho Falls | ZIP Code | 2-6200 3-404 | |
| Survey Team Leader Respecta Winter | Survey Type Follow-Up and Complaint | Survey Date | 10/07 | |
| NON-CORE ISSUES | j | <u> </u> | | *************************************** |
| ITEM RULE # # 16.03.22 | DESCRIPTION | | DATE RESOLVED | BFS USE |
| 10 310.01.d Assistance wit | h medication and not | comply | | B5-A |
| lugith the Boar | d at Nursina requiremen | 1+5.1 | | |
| When a famil | y member administers | ed an | | 15 15 15 15 15 15 15 15 15 15 15 15 15 1 |
| in jectable m | edication to a resid | en ti | | |
| The state of the s | | , | | |
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| | | | | |
| Response Required Date Signature of Facility Representative According to the Control of the | e (| | Date Signed | |